Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				8).	Complete if Known				
FEE TRANSMITTAL				Applic	ation Number	10/589,320			
				Filing	Filing Date 3/1/2005				
For FY 2009				First N	First Named Inventor Michiel Chris		stiaan Romba	ch	
Applicant claims small entity status. See 37 CFR 1.27				Exami	Examiner Name Michael John		n Booth		
				Art Ur	Art Unit 3774				
TOTAL AMOUNT OF PAYMENT (\$) 810				Attorn	Attorney Docket 3135 - 06215				
METHOD OF PAY	MENT (check	all that apply)							
Check 🗸	Credit Card	Money Ord	er 🔲	None	Other (please ide	entify):			
Deposit Accor	unt Deposit Acc	ount Number:	23	-0650	Deposit Accoun	t Name:			
For the ab	ove-identified d	eposit account,	the Direc	ctor is hereby	uthorized to: (cl	heck all that appl	y)		
Ch	arge fee(s) indica	ited below			Charge fee	e(s) indicated belo	w, except for the	filing fee	
	arge any addition		erpaymen	ts of fee(s)	Credit any	overpayments			
une WARNING: Information	der 37 CFR 1.16 on on this form may		redit card	information show			e credit card		
information and authori			THE REAL PROPERTY.		· · · · · · · · · · · · · · · · · · ·				
FEE CALCULATION	ON (All the fees	s below are du	e upon fi	ling or may b	e subject to a si	urcharge.)			
1. BASIC FILING	,				<u>ተግ</u> ሚያ ል ጌ ልሂኤ ፣ 4	TIONI DIDIZO			
				RCH FEES Small Entity					
Application Ty	_	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees P	<b>Paid (\$)</b>	
Utility	330	82	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85		_ <del></del>	
Reissue	330	165	540	270	650	325		-	
Provisional	220	110	0	0	0	0			
2. EXCESS CLA			J	-	-			Small Entity	
Fee Description	<del></del>						<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
<u>Total Claims</u> - 20 or HP <u>Extra Claims</u> <u>Fee</u>			Fee (\$)	(\$) Fee Paid (\$)			ependent Clain		
14		=0	_ x _	=	0		<u>Fee (\$)</u>	Fee Paid (S	
HP = highest number	er of total claims pa	id for, if greater th	nan 20.						
Indep. Claims	-3 or HP	<u>Extra Clai</u>	<u>ms</u>	<u>Fee (\$)</u>	Fee Paid (\$)				
1	3	= 0	x	220 =	0				
HP = highest number	~	aims paid for, if g	reater than	3.					
3. APPLICATIO		vas avaaad 100	chapte of	naner (evelud	ing electronical	ly filed sequence	or computer listing	ngs under	
37 CFR 1.	52(e)), the appli	cation size fee	due is \$2	70 (\$135 for s	mall entity) for o	each additional 5	0 sheets or fraction	on thereof.	
	S.C. 41(a)(1)(G)		.16(s).						
<b>Total Sheets</b>	Extra S		Numbe		litional 50 or fr		<u>Fee (\$)</u>	Fee Paid (\$	
-	100 =	/ 50 =		(rour	d up to a whole m	umber) x		= <u>-</u> -	
4. OTHER FEE(	S)							Fees Paid (	
_	Specification,	•		entity discount				-010	
Other (e.g., 1	ate filing surcha	rge): Request	for Contin	nued Examina	tion			810	
SUBMITTED BY		, , , , , , ,							
		<del></del>	<u>.</u>	· · · · · · · · · · · · · · · · · · ·				-	
Signature	-			R	egistration No	34,219	m 1 1	112-471-881	